

SPRING 2020



PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

Serving Our Members and Community Since 1888



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ON THE COVER

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PHYSICIAN, HEAL THYSELF!

Dear Colleagues,

I wrote the following column in early February 2020 as I was beginning my term as president of Pierce County Medical Society. It has been a tradition at PCMS for the incoming president to write such a column. When I wrote it, I expected the year ahead to involve working on multiple advocacy projects along with the PCMS board and our then executive director, Bruce Ehrle. Sadly, Bruce's life was cut short very soon after I wrote this column.

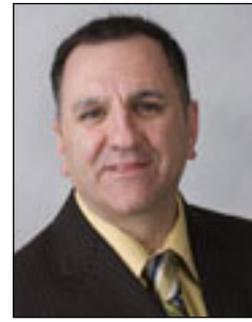
With all that has happened in the world during the past two months, I thought that perhaps my message to the PCMS members should now be different. However, after some contemplation I feel that the original message is even more relevant now than it was a couple of months ago. Speaking with a United voice amongst healthcare providers is more important now than ever, as we all deal with the fallout of the COVID-19 pandemic.

I find this to be an exciting time in my professional career as I step into the role of the president of Pierce County Medical Society. Most of my medical training as a neurosurgeon and a complex spine surgeon has been on the West Coast. I grew up in Sherman Oaks California and attended Van Nuys High School. I went on to obtain a Bachelor of Science in biochemistry from UCLA. Most of my undergrad comrades went straight through to medical school but following the crowd did not feel right to me. I worked as a research assistant in a neurobiology lab for two years, prior to going back to school for a combined MD/PhD degree from USC Keck School of Medicine.

It was a natural progression to pursue training in neurosurgery since my PhD dissertation centered on regeneration of neurons in the brain and the spinal cord. Residency at the University of Washington brought me to the beautiful Pacific Northwest which has been home aside from a year of fellowship in complex spine surgery in Cleveland Ohio.

My goals for this upcoming year include being a strong advocate for my patients, physician colleagues (both employed and independent), our two major hospital systems in Pierce County and other healthcare providers that share this profession. After becoming somewhat discouraged about the practice of medicine and the future of health care in the last few years, I have been able to regain my zest for medicine through advocacy. A 2014 survey found that greater than 50% of healthcare professionals—and physicians in particular—are affected by burnout in almost every medical specialty. Most of the physicians surveyed reported that the most important factors contributing to burnout were not feeling valued, and lack of community in their profession.

"Most of the physicians surveyed reported that the most important factors contributing to burnout were not feeling valued, and lack of community in their profession."



A. Alex Mohit, MD, PhD

Advocacy is empowering in itself. Advocating for others is immensely gratifying and has provided me with a valued voice at the table. Through Pierce County Medical Society (PCMS), I interact with some of the most dedicated, caring and creative physicians who work tirelessly to navigate rapid changes occurring in the practice of medicine. As a member of this team, I have been able to find community and comradery. It has significantly expanded my network of professional colleagues, and most importantly has made me realize that regardless of subspecialty we all share common values and hopes for the future of our profession.

As leaders, and the most highly trained members of the healthcare team, physicians' voices must no longer be silent. As I watched the recent democratic debates, it occurred to me that the healthcare plans proposed by many of the candidates ignore some of the most fundamental issues. All candidates have proposed general ideas regarding healthcare, but these plans are not detailed enough to be successful and are hampered by partisan politics. For us to be able to afford a comprehensive and enduring health care plan for the nation, difficult nonpartisan choices must be made. To benefit patients, physician should have a central role in these decisions locally, at the state level and in Washington DC.

With the current state of affairs, nonclinical administrators outnumber physicians ten to one. Unfortunately, many voices are currently louder than ours.

So, what can we do as individual physicians to regain the joy of the practice of medicine? The most important is to recognize that if you do not speak up your voice will not be heard. Decisions regarding the way you practice medicine will continue to be made for you. Electronic health records (EHRs) are a great example. The average physician now spends an additional 2 hours per night charting and dealing with paperwork. To reverse trends such as these, we must get involved at the local level with our medical societies and within our hospitals to create community and amplify our voices.

Now is the time to engage. Now is the time to support the work of Pierce County Medical Society and join other physicians to amplify our voices. The more voices at the table, the more impact we have to promote our individual well-being as physicians, but also the health and wellness of our profession. 🌱

BRUCE W. EHRLE

AUGUST 3, 1966 - MARCH 2, 2020

Bruce Ehrle, 'Mr. Travelin' Man' took his final trip on March 2nd and this one was clearly not scheduled on his travel itinerary. He died suddenly and unexpectedly at Good Samaritan Hospital in Puyallup after a brief sickness with Influenza A and pneumonia. He was 53.

His travel schedule for 2020 would exhaust the most energetic among us. He had planned several adventure trips for the year, with long weekend jaunts scheduled in between. The Marriott Corporation knew him by name and Alaska Airlines dreamed of more loyal "Gold" customers like Bruce.

He grew up in small town Michigan. His older brother reports that as a child he loved sports, but due to health concerns, he was often homebound and unable to play. He leaned toward academic pursuits such as learning all the names of the states and presidents, and the function of the three branches of government. His love and knowledge of history and politics began at a very young age.

At age 13, his mom received a call from a family friend advising her to turn on the 6 pm news. There was Bruce, on his bike, ten miles from home at the Detroit Municipal Airport checking out the planes, which fascinated him. Later, in high school, where his dad taught social studies, Bruce was very involved in student government. He took great competitive pride in his relationship with the school administration, especially given that he was able to sway school policy while his dad had been unsuccessful in doing so.

His resume stated his personal interests as travel, classical music and jazz, art, history and major league baseball. His older sister added to that list his love of politics, family, their home state and their alma mater, the University of Michigan. Bruce was not one to simply give lip service to his interests and passions. He participated, he supported, he promoted, he was involved, and always with great enthusiasm and abundance.

It is not surprising that Washington D.C. and governmental work would become Bruce's career path. Serving for many years as a legislative aide and lobbyist for an Oregon Senator was a great



career start for him. After many years he stepped up to serve as an advocate for health care with the American Health Quality Association where his strengths were well utilized.

Bruce loved the Pacific Northwest and traveled from the east coast frequently to visit. His desire to reside here grew greater each year. In 2015 his dream came true after he accepted the Executive Director Position with PCMS. At each family gathering he shared the joys of his adopted home and how much he loved the beauty of the Evergreen State. He resided in Puyallup where he lived with a view of his favorite Mountain, Rainier, and in proximity to one of his favorite establishments, Total Wine and More!!

Bruce left his mark on Pierce County Medical Society. PCMS President, **Dr. Alex Mohit** said that he would never have embraced advocacy had it not been for Bruce. He got involved in PCMS to feel connected to other physicians, but soon found Bruce's passion for the issues facing healthcare really got his attention. "The excitement in his voice was inspiring" he said, adding "I will miss him very much."

We will all miss you Bruce. Your staff and other building workmates will miss talking sports with you, will miss your playing with their dogs (or should we say their dogs will miss playing with you?), and they will especially miss your intellect, encouragement and wise counsel. And, of course, your laugh, your quirks, your good nature and your exuberant presence.

Rest in peace dear friend. You will not be forgotten. 🌿



Sue Asher

“OLD SCHOOL”

- 1 :*adhering* to traditional policies or practices
- 2 :*characteristic* or evocative of an earlier or original style, manner or form

It is great to be back at PCMS. Except for the unfortunate circumstances. I was so sad to learn about Bruce's death and felt particularly bad because he was so young and was so exuberant about life. Wherever he is, I hope he gets to travel a lot and enjoy himself as much as he did while he was here.

I was not looking to return to work but when I received the call for help, how could I say no? Having spent almost my entire career in this medical community, most of it with PCMS (thirty years), I knew it would be easy for me to pick up from where I left off five years ago. Or so I thought.

I guess I have to admit, after two short months on the job, I think I am just old school. My first inclination was to change everything that Bruce had changed, back to the way that I had done it. After all, I spent my career building it that way. It had to be better.

I grew up in a paper world, and still prefer to live in one, I've learned. I don't think that Bruce kept one piece of paper from the day he started in July 2015. If I look in the file drawers behind the desk, all of my files are there, just exactly how I left them. Drawers and drawers and drawers of them for all my years of work. And not one new file folder, not even one piece of paper has been added to ANY file since I left. Yipes! While I am frustrated by his 'lack' of paper, he was probably disgusted by my 'reams' of it.

I wish I had a nickel for every time I jump up to look for something in the file, only to remind myself that I won't find it. I am sure this sounds familiar to many of you as you transitioned to electronic medical records several years ago. While I love computers and am getting better about less paper, my preference is still to go to the file, and at my age, probably always will be.

I was also disappointed to learn that obituaries of deceased members are no longer printed in the *Bulletin*. What? To Bruce, it was too depressing and not news that he wanted to share. To

me it was exactly the news that those in the medical community wanted to know about their colleagues. Another example of my 'old school' beliefs perhaps?

Is part of being 'old school' just getting older, I wonder? Is being "old school" just not keeping up with the times, or is it an unwillingness to change or see things a different way? Being back at work in the same job after being retired for five years has been a very self-reflective experience.

What hit me the hardest, however was realizing that the physicians and medical community workers that I worked with over so many years are, for the most part, gone. Moved, retired, deceased, or whatever the circumstance, they are no longer in their same capacities and have been replaced. Just like me. So, while I was looking forward to going back, I realized I won't be able to get there from here!

Conversely, what I am experiencing that remains very much the same is a dedicated and responsive Board of Trustees. While they are mostly different people from five years ago, they still possess

"What I am experiencing that remains very much the same is a dedicated and responsive Board of Trustees. The Search Committee is working long nights interviewing for a new Executive Director. They are serious about finding an exceptional person to take the reins."

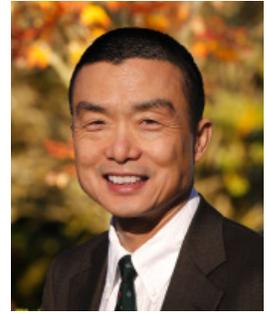
the positive and necessary attributes to lead the organization. Nimble and committed with a full understanding of the many advantages and benefits that PCMS can provide to our medical community. They see themselves as physicians

first, regardless of their practice setting and are committed to improving the profession of medicine. The Search Committee is working long nights interviewing for a new Executive Director. They are serious about finding an exceptional person to take the reins. And I can tell you with confidence how lucky that person will be to land such a great position where they will work with such quality people.

I am not certain how long my return stint will last, but I thank you for the trust and for the opportunity. It was fun to reconnect with so many former workmates and friends. Not to mention learning a few more things about myself! 🙏

DIALING UP THE DIMMER AFTER WE FLIPPED THE SWITCH ON COVID-19

A Phased Approach Is the Safest Way To Recover



Anthony Chen, MD, MPH

Some events are so collectively traumatic that we remember them in great detail years later. Depending on your generation, examples were the space shuttle Challenger accident, Princess Diana's death, and the 9/11 terrorist attack.

The COVID-19 pandemic is profoundly affecting how we work, learn, worship, and play. It continues to unfold with no end in sight. How we practice medicine has changed. Not just in emergency departments and intensive care units; the outpatient setting—where most of the public interacts with us—has greatly transformed. And the levels of anxiety and burnout have escalated.

Good and bad news about the fight against COVID-19.

Our lives changed when Gov. Inslee flipped the switch to prohibit public gatherings, close schools, postpone elective procedures, and stay home. It has been hard, and I thank everyone for their sacrifices during this unprecedented public health emergency. The good news: your efforts stopped the exponential growth of cases and flattened the curve. The bad news: the curve has been stuck on a plateau—an unstable equilibrium—for three or four weeks.

We are all eager to resume our normal lives. While the majority continues to support the stay at home order and other social restrictions, an increasingly vocal minority is calling for relaxation. As financial losses mount, including to hospitals and medical practices, pressure is increasing to re-open the economy. We are already seeing warning signs: people are not being as compliant and traveling more; researchers see an upward trend in community transmission, especially in Eastern Washington.

If we were to flip the switch and remove all restrictions, we may see a rapid surge of cases. Unlike flu or measles outbreaks, we have negligible community immunity. With roughly 1,700 cases¹ out of 905,000 residents, 99% of Pierce County lacks immunity. A vaccine for COVID-19 would be our best defense, but it is not here yet.

Pulling from the public health playbook to control the disease.

To advance without a resurgence, we must combine blunt social

restrictions with more precise public health interventions while we await the targeted defense.

Instead of flipping the switch, we must slowly relax social restrictions as though we were turning a dimmer. Gov. Inslee has announced his plan for a phased approach to recovery. Social distancing, hygiene, and preventive measures will continue.

Our more precise intervention comes from our public health playbook. Countries that succeeded in controlling the disease:

- Tested aggressively to find those with infections.
- Investigated all cases and traced their contacts.
- Isolated the cases and quarantined those exposed to prevent infectious spread.

We currently have 15 staff investigating 30 cases a day. Sixty staff and volunteers are trained, and we are aiming for 170 staff ready to investigate 350 cases and 1,400 contacts a day.

Strict isolation and quarantine are necessary. We will explore better supporting people at home to ensure compliance. Some countries provide food and personal protective equipment while communicating and tracking via apps. Not everyone can safely comply at home. We set up a temporary care center in a hotel setting but learned we may need other options: smaller facilities and settings for those needing medical or behavioral healthcare.

Vaccines for COVID-19 are being developed and some are in human trials. Once we demonstrate efficacy and safety, we still face the challenge of producing and giving massive quantities. That might be 1½-2 years away.

I am encouraged our collective efforts are working, the curve is flattened, and we have some breathing room. But our position is precarious. A phased approach to relaxing restrictions and a robust public health effort to test, investigate and trace, and isolate and quarantine will let us slowly turn up the dimmer until we can achieve community immunity. 🌱

¹See the latest case numbers and learn more at www.tpchd.org/coronavirus.

100 YEARS AGO, PCMS PHYSICIANS DISCUSS FLU PANDEMIC

Excerpted from the regular meeting of the Pierce County Medical Society January 14, 1919

As our country struggles with the new realities of the novel Coronavirus pandemic it is interesting to learn about the similarities that exist between today's pandemic and that of the Spanish Flu pandemic of 1918. Often referred to as the 'forgotten pandemic' because it was quickly diminished by the tragedies of WWI and was plagued by lack of proper communications from poor reporting and news blackouts, it is surprising how many elements remain applicable over 100 years later.

The regular meeting of the Pierce County Medical Society held January 14, 1919 in the Library Rooms of Tacoma, was called to order at 8:30 pm. The program of the evening was 'Influenza and Influenza-Pneumonia and included specimens of diseased lung tissue as well as many X-Ray plates. It was reported that 'no such complete and accurate information about influenza was ever presented to a medical society.'

The discussions were about the local aspects of the disease, and physicians agreed that "the epidemic at Camp Lewis (now JBLM) had been handled better than any other cantonment." The reason being that they were advised of its approach and took early measures to prepare for it. While many bases in the east saw up to 10,000 cases, Camp Lewis managed to keep their numbers at 3,000.

Early symptoms of the disease included dry cough, fever, headache and muscular pains. Respiration was increased, there were signs of bronchitis, and bronchial pneumonia was a subsequent event. The death rate was 8.12 percent. In 2008, 90 years later, researchers discovered a group of three genes that weakened the victim's bronchial tubes and lungs, clearing the way for the bacterial pneumonia onset.

Measures that they implemented back then, that sound familiar today, include separating workers by cubicles, face masks, which they found of great value, and no visitors for patients. They believed quarantine was not implemented early enough or extended long enough, but knew that house quarantine was of great value. Similar to COVID 19, they continually discussed the strange differences in cases, except the one consistency they found was the pneumonic process.

Discussing treatment for the disease at the meeting, they thought a light diet was helpful, Strychnine was of no value but



camphorated oil was of some use in some cases, but they made clear that "whiskey had not appeared to be of much service." They thought digitalis should be used early, but often the doses were too large. Aspirin had been used too freely with little value and morphine should be used only for its physiological effect. Cathartics were to be employed at the commencement of the disease. Oxygen inhalations and pneumonia jackets were not useful.

One physician narrated a case of influenza in a six year old which was unusual. There was great dyspnea and intubation was performed. The child died and upon autopsy they found an enlarged thymus gland, nearly five times as large as normal and the right heart was enlarged. The lungs were not involved.

They projected the epidemic would last two to three more years and agreed that team work by the City of Tacoma and Camp Lewis was the best strategy. Little did they know at the time that the epidemic would end by that summer – seven more months – as infected people either died or developed immunity to the disease.

Just like in 1918, today's pandemic includes many unanswered questions, unknown treatments and much human suffering in spite of 100 years of advancement. It is interesting to think about what medical challenges another 100 years will bring to our country and how our handling of this virus will be recorded in history. 🌿

A VIRTUOUS CYCLE



Nicholas Rajacich, MD

I was surprised to hear a colleague express hesitation when I suggested that her practice, struggling with caseloads and administrative work, hire a physician assistant. After all, at my orthopedic practice, we were preparing to hire even more PAs (which will mean more than one PA per doctor).

For our practice, it's simple. PAs help us increase access to our services (more care for more people) and help manage many of our day-to-day tasks (fewer hours spent by our physician specialists on administrative work and less-complex procedures). Put even more simply, the bottom line is that our PAs are good for our practice's bottom line – both for patient care and practice revenue.

With most PAs trained in primary care, few come to us with experience or training in our surgical specialty. Some choose to do an additional year of specialized training, which we have found to be quite valuable. While it requires a significant commitment of time to train them both in the clinic and in the operating room, the returns on this investment accrue rapidly.

For example, in the operating room, our PAs prep the patients for surgery, handle the post-op orders, apply tourniquets during the operation and, in the case of a PA who's been around a while, close and dress incisions. Complicated patient discharges? Our PAs have us covered, arranging follow-up visits, DME prescriptions and so on.

As their training moves along, and as the individual PA gains more experience, we give them expanded independence in our practice. With experience, we allow our PAs to see an independent panel of patients, saving the complex patients for our physicians.

And, of course, a PA can do many of the tasks that doctors are being tasked with (more and more ... and more) these days. With the development of EMRs and increasing regulatory requirements, there's a large burden of administrative material that a PA can help me with.

At this point, our investment in teaching these PAs has more than paid off. Our physicians are now freed up to practice at the highest level of our training and to see more new patients, which is a win-win for everyone.

We do at times allow PAs to run clinics offsite. In most situations when a PA is seeing patients in clinic, there is a physician available, either by phone (with the ability to review X-rays via PACs) or in person, to answer questions or provide advice as needed.

There are some relatively simple legal hurdles that one must address before hiring a PA, most of which can be navigated with the help of staff at the WSMA and the Washington Academy of Physician Assistants. Promising work is being done by those organizations at the state level to moderate the requirements around the PA delegation agreement – the document describing what training and supervision will be provided and what duties can be delegated to the PA. Ultimately, what's important is to clearly define and document the clinical partnership and to regularly revisit and revise as needed. This is key to building a successful physician-PA team and to ensure the highest quality of care for our patients.

At our practice, the use of PAs has led to greater access to care, which, in turn, has led us to hire more PAs. (I envision a day when we may well have two PAs per doctor). It's a virtuous cycle if there ever was one, and one I'll continue to recommend to other physician colleagues. 🌱

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PIERCE COUNTY PROJECT ACCESS UPDATE



*Vanessa Kitt,
PCPA Executive Director*

The sacrifices those in the Pierce County medical community are making during this challenging time are not going unnoticed. We at Project Access are extremely thankful for all of the physicians and frontline workers that donate their time and resources to care for those that need it most. We are especially grateful for our partnership with PCMS and all of you who participate in our Donated Care physician network.

We are in awe of the generosity you've shown and our 2019 data is a testament to how remarkable your efforts truly are. For example, last year you cared for 730 Project Access patients and completed over 4,000 patient visits. The value of donated care for those visits exceeded 9 million dollars. In addition, 27 new physicians joined our network increasing our capacity to provide specialty and primary care services. Your work is so impactful that at the end of last year the Washington State Medical Association presented Project Access with the Community Advocate Award. The award was established to recognize those who strive to improve the profession of medicine and the health and well-being of patients. We know that without your partnership we would not

"...last year you cared for 730 Project Access patients and completed over 4,000 patient visits."

have been worthy to receive such a great honor!

Our organization had to make adjustments in recent weeks in order to continue our operations while adhering to social distancing guidelines and our state's stay-home-stay-healthy order. Our staff adapted quickly to working remotely and it's our hope that in 2020, with your continued support, we will be able to make an even bigger difference in the lives of those we serve.

Now more than ever having access to healthcare is critical. Alberto, one of our Donated Care program patients, knows firsthand how difficult it is to struggle in that regard. "I don't know what I would've done without Project Access. I was just diagnosed with cancer and through them I was able to see a primary care doctor, colorectal surgeon and an oncologist. The doctors that treated me were really nice and I am thankful they were able to help me."

On behalf of Alberto and others in our community with similar stories we want to say thank you for your generosity and your selflessness. We see you and we stand with you. 🌱

KENNETH D. GRAHAM, MD

1930 - 2020

Dr. Kenneth D. Graham passed away peacefully on April 25, 2020, in his Gig Harbor home, with his wife Jeannie and their dog Charlie at his side.

Born in Aberdeen on May 20, 1930, he graduated from the University of Washington in 1952 and completed his medical training at George Washington University School of Medicine and his internship at San Joaquin General Hospital, CA, where he met and married his first wife, Beverly. They moved to Seattle in 1957 where he completed his residency at Swedish Hospital.

Ken was the ultimate family physician. He served as President of the Washington Academy of Family Physicians in 1977 and was the Washington State Family Practice Doctor of the Year in 1978. He helped establish the Family Practice Residency in Tacoma and was their first president from 1975-1978. He also served as Pierce County Medical Society President in 1979.

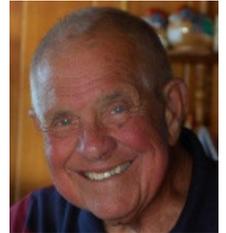
He was the football team doctor for Wilson High School for 33 years and was a charter participant in Relay for Life, the

ACS fundraiser founded by Dr. Gordon Klatt. He continued to raise funds and participate for many years. The list goes on and on....

An outdoor enthusiast, he climbed Mt. St. Helens (before and after the eruption), Mt. Rainier, and Mt. Adams. But, his favorite place to be was at the Graham family cabin on the Hood Canal where he relished swimming, waterskiing, oyster shucking, hiking in the Olympics, fishing, hosting gatherings, and bulkhead diving throughout his lifetime.

Ken is survived by his wife, Jeannie; his brothers, Charles Graham of Florida and Ronald Graham (Roberta) of Vancouver, WA; his children, Kenneth (Diana), Steve, Susan (Al), and Kevin (Satcha); and his five grandchildren, Kieler, Katelyn (Quin), Cooper, Zia, and Islyn.

A celebration of Ken's life will be held at a later date. 🌿



PAUL GERSTMANN, MD

1925 - 2020

Paul Gerstmann, MD long time practicing Puyallup pediatrician died this spring at age 95. Dr. Gerstmann opened his Puyallup pediatric office on Pioneer Avenue in October 1956 after completing his residency at Harborview and the Children's Orthopedic Hospital the same year. His received his medical degree from Northwestern in Chicago and completed his internship at Swedish Hospital. He was born and raised in Puyallup and practiced pediatrics at the same address on Pioneer Avenue for 48 years until his retirement at age 79 in 2004. PCMS extends condolences to Dr. Gerstmann's family.

THOMAS J. MISKOVSKY, MD

1934 - 2020

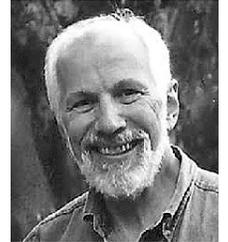
Few individuals fight forest fires in their teens then go on to practice orthopedic surgery in adulthood. Thomas James Miskovsky was that person. Tom was born into a tightly knit Czech family on June 25, 1934, in Chicago, Illinois.

He spent his early summers with his family in Trout Lake, Wisconsin. As a teenager, he took the train to California for a summer job with the United States Forest Service, and engaged in fighting forest fires. There, he was assigned as a cook, and prepared and served his mother's Czech dishes to the fire crew between calls to the fire line. Thus began his lifelong love of the West.

In college, he received a NROTC scholarship from the University of Michigan. He served aboard the destroyer USS William R Rush, as Paymaster. It was on these trans-Atlantic cruises in conversations with the ship's doctor that Tom reconsidered life as a for-ester and turned his attention to pursuing a career in medicine.

After graduating from the University of Michigan School of Medicine in 1963, he completed his internship at Highland Hospital in Oakland, California. After completing his residency in orthopedic surgery at the University of Michigan, he returned to the West Coast.

Tom was a partner at Tacoma Orthopedics, in Tacoma Washington for 35 years. He was respected and admired by colleagues and patients as a talented surgeon with a keen clinical mind, who was always available to treat those who needed his expert care.



Aside from medicine, he loved to snow ski, was a founding member of the SC Chamber Music Society, a patron of Seattle Opera, member of Seattle Rep Theatre and Tacoma Actors Guild and an accomplished carpenter and woodworker, forming his own construction company, ivio. From childhood, Tom could fix, repair or rebuild just about anything.

Tom and his wife Marilynn loved to travel the world - Bhutan, Egypt and Israel and did volunteer work in China, New Zealand and the Czech Republic. They made many summer road trips throughout the U.S.

Tom is survived by his wife Marilynn, his children Jerry, Susan and Kathryn and grandchildren Milan, Ruby, Emily and Ted. Condolences are extended to the Miskovsky family. 🌳

BULLETIN SUBMISSIONS

If you have a clinical best practice to share with your colleagues, a success story about individual physicians or PAs or a health system, or news about health care innovation taking place in Pierce County that you would like considered for inclusion in an upcoming edition of the PCMS Bulletin, please send your submission to Sue Asher at suea@pcmswa.org.



—SAVE THE DATE—

2020 PCMS ANNUAL MEETING
RECEPTION AND BANQUET

WEDNESDAY, DECEMBER 9, 2020
5:30-9:00PM

FIRCREST GOLF CLUB
FIRCREST, WA